APPLICATION FOR CONSTRUCTION PERMIT FOR ACUTE CARE FACILITIES

DATE RECEIVED _____

State Form 50097 (R2/ 8-06)
INDIANA STATE DEPARTMENT OF HEALTH/SANITARY ENGNEERING
Approved by State Board of Accounts, 2006

RECEIPT NUMBER _____

INSTRUCTIONS: 1. Send check or money order along with plans to:
Indiana State Department of Health
Attention: Cashier's Office
P.O. Box 7236
Indianapolis, IN 46207-7236
2. Direct questions to: 317-233-7177

FAXED COPIES OF APPLICATIONS WILL NOT BE ACCEPTED

1. LICENSEE_____
Name _____
Address _____
_____
Phone No. _____
E-Mail _____

2. OWNER'S DESIGNATED AGENT
Name _____
Title _____
Address _____
_____
Phone No. _____
E-Mail_____

3. FACILITY (TYPE OF PROJECT)
_____
Name _____
Address _____
_____
City _____
County _____ ZIP _____

4. ENGINEER/ARCHITECT
Name _____
_____
Address _____
_____
Phone No. _____
E-Mail _____
License # _____
Signature _____

5. The Following Documents are Attached:
(CHECK WHERE APPLICABLE)

A. Water Supply: ☐Existing ☐New

B. Plot Plan with Site Utilities ☐

C. Sewage Disposal: ☐ Existing ☐ New

D. Plans and Specifications certified by Architect or Engineer: ☐

C. License of Facility
(1) Hospital ☐
(2) Ambulatory Outpatient Surgical Center ☐

F. Facility conducts invasive procedures/applications
☐ **Yes** ☐ **No**

G. Life Safety Code Analysis
Certified by Architect or Engineer ☐

H. **Fees Required** by 410 IAC 6-12-17 ☐
(see other side)

I. Estimated costs of construction ☐
(see other side)

J. **Public Notice** under IC16-21-2-11.5 ☐
(see other side)

K. Estimated start of construction date _____

L. Estimate opening date: _____

6. SIGNATURE

Application is hereby made for a Permit to authorize the activities described herein. I certify that I am familiar with the information contained in this application, and to the best of my knowledge and belief such information Is true, complete, and accurate.

_____
Printed Name of Person Signing

_____
Title

_____
Signature of Licensee or Designated Agent

_____
Date of Application Signed (month, day, year)

INSTRUCTIONS FOR COMPLETION OF CONSTRUCTION PERMIT FOR ACUTE CARE FACILITIES

1. Licensee

Name and address of person, company, firm, municipality, authority, etc.,

2. Authorized Agent

Name, title, address, and phone number of person who is designated to act for Licensee and who is familiar with the project and can furnish additional information as required.

3. Name of Facility or Project

State its name, location, and nearest possible address.

4.Name of Engineer/Architect

Name, title, company, address and phone number of engineer or architect registered in the State of Indiana who certified and sealed the construction plans and specifications. **Registration number and signature must be provided.**

5.Check the squares indicating name of documents attached to application. All documents are required except where inapplicable.

A. Specify water supply is new or existing.

B. Plot plan or plans to scale showing property lines, structures, roads, and site utilities.

C. Specify sewage disposal is new or existing.

D. A description of services within this facility; x-ray calculations prepared by a registered physicist; and detailed architectural plans including site utilities, mechanical and electrical prepared by an Indiana registered architect or engineer.

E. Specify the type of licensed facility.

F. Specify if invasive procedures or applications are to be performed at the facility

G. Hospitals and AOSC must comply with the Life Safety Code, NFPA 101, 2000 edition certified by an Indiana registered architect or engineer. Attach analysis.

H. **Fees Required** by Rule 410 IAC 6-12-17.

Ambulatory Outpatient Surgery Center	**$450**
New Hospital or Hospital Addition	**$550**
Remodeling of existing hospital	**$300**

I. Provide estimated costs of construction not including equipment installation or consulting fees.

J. **Public Notification required** under IC16-21-2-11.5
If Ambulatory Outpatient Surgery Center construction costs not including equipment or consultants exceeds $3,000,000, or if Hospital construction costs not including equipment or consultants exceeds $10,000,000, then provide a copy of each of the two published public notices, dates published and name of publication(s) and in what city(s) or town(s) and proof the meetings were held

K. Provide the estimate date that construction will start.

L. Provide the estimated date of opening.

6. Signature
An application submitted by a corporation must be signed by a principal executive officer of at least vice president level or his duly authorized representative, if such a representative is responsible for the overall operation at the facility from which the construction described in the form will originate. In the case of a partnership or a sole proprietorship, the application must be signed by a general partner or the proprietor, respectively.